



LOS ANGELES COUNTY COMMISSION ON HIV

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JOINT PUBLIC POLICY (JPP) COMMITTEE MEETING MINUTES December 6, 2010

Approved
1/19/2011

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Whitney Engeran-Cordova, <i>Co-Chair</i>	Carrie Broadus	Aaron Fox	Elizabeth Escobedo	Jane Nachazel
Lee Kochems, <i>Co-Chair</i>	Robert Butler	Jim Chud	Douglas Frye	Craig Vincent-Jones
Kyle Baker	Kathy Watt			Nicole Werner
Jeffrey Goodman				
Stephen Simon				

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Joint Public Policy (JPP) Committee Agenda, 12/6/2010
- 2) **Minutes:** Joint Public Policy (JPP) Committee Meeting Minutes, 11/17/2010
- 3) **Table:** Los Angeles County Commission on HIV, Joint Public Policy (JPP) Committee, FY 2010 Work Plan, 12/6/2010
- 4) **Memorandum:** Summary of Budget Strategy Work Group Meeting #1, October 27, 2010: Advocacy Strategy for State FY 2011-2012 Budget Process, 12/1/2010
- 5) **Table:** Health Care Reform Plan (Initial Draft), 11/17/2010

1. **CALL TO ORDER:** Mr. Engeran-Cordova called the meeting to order at 9:50 pm.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order with Items 8 – 18 postponed barring questions (**Passed by Consensus**).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 11/17/2010 Joint Public Policy (JPP) Committee meeting minutes, as presented (**Passed by Consensus**).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMITTEE COMMENT, NON-AGENDIZED:**
 - Mr. Chud asked if there was a timeframe to move disabled in Medicare to managed care. Mr. Goodman replied Medicare is a Federal program with no managed care requirement. There is a possibility of managed care for those with Medi-Cal/Medicare remains in question. Usually, Medicare takes priority, so the Medicare-eligible do not need to move to managed care now.
 - Mr. Chud also asked about possible discussion with new Insurance Commissioner David Jones about the Insurance Exchange and Medi-Cal managed care plan competition to offer better services.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.

7. CO-CHAIRS' REPORT:

A. Committee Work Plan:

1) **Work Prioritization:**

- Mr. Engeran-Cordova noted JPP had agreed to be more conscious of the more important priorities in order to allocate available time and resources better. Less critical priorities can be monitored, only with action if needed.
- Mr. Vincent-Jones noted the work plan was always meant to be revised. He has already revised projected due dates in numerous instances, indicated completed assignments and added strategies developed by subcommittees/work groups, e.g., Medi-Cal/Medicaid, National HIV/AIDS Strategy (NHAS) and Health Care Reform (HCR) have not yet been added. A draft HCR outline was provided at the Annual Meeting, but it has not been finalized.
- Dr. Frye was unsure whether any changes were needed for the new surveillance legislation. The State has not yet implemented it, but believes it will allow appropriate virtual eHARS. All counties have signed data use agreements with the State to allow physical data transmission, but the State still has concerns with electronic transmission. The legislation is written in a way that allows counties to report electronically to the State, but does not address State transfer to the counties. Even so, such transmission has begun, so the transition to full electronic reporting seems to be on track. The full electronic system will be implemented 1/1/2011. Guidance is anticipated soon.
- Mr. Engeran-Cordova was concerned that Dr. Michelle Roland, Chief, Office of AIDS (OA), might put off guidelines until the Brown administration takes office.
- Dr. Frye suggested an emphasis on County access to the Information Technology Center (ITC) which will now hold all HIV data. The ITC is hiring, so staff should not be an issue. The County has over one-third of the state's cases, so should have equivalent access that includes de-duplicating cases with other counties. While the State and counties both de-duplicate cases, it is necessary to cross-reference to determine where someone was first diagnosed.
- Dr. Frye said there are 3,000 to 4,000 cases in pre-HARS coded data which may never be matched. The Federal government currently accepts named and coded cases with a 5% penalty last year. The State database is used for the Federal data and it is unknown how coded cases will be handled in this and subsequent years. Named cases should equal last year's total this year or next, so it might be time to let the coded cases go.
- The other primary issue to the HIV Epidemiology Program (HEP) is that there are just four contract staff left. The contract ends 12/31/2010. A new personnel contract will begin 1/1/2011 which does not permit NCC, so OAPP has funded it. Even if the same contractor is chosen, there will likely be a gap as staff go through the personnel process. Anything that speeds the process would be helpful. NCC funds, in general, are declining. Mr. Baker noted a perennial conflict between County and contract staff. OAPP continually has to justify specialized staff not reflected in the County Item Classification. Dr. Frye noted HEP contract staff has declined from 16 to 4.
- Mr. Vincent-Jones said changing national and local policy to record cases in the jurisdiction of residence was raised at the last Commission and PRAC meetings. Most felt more people moved into California than out. The national response has been that cases could not be de-duplicated, but that is now being done. Dr. Frye said surveillance coordinators have long requested the change and eHARS can identify current jurisdiction. Dr. Roland planned to advocate to the CDC on it. Dr. Frye also committed to elevating the issue.
- On Work Plan, A, Operations, Mr. Vincent-Jones said Items I and II, Meetings and Membership, were updated.
- Item 3, Work Plan, is complete except for c, Policies and Procedures, deferred by the Executive Committee to January 2011. Policies are listed to keep them on the radar though dates are flexible and policies prioritized to align with activities. Three were partially drafted with comments received from Mr. Baker.
- Item 4, Orientation Training, was completed at the Annual Meeting in October 2010 and will be updated.
- Item 5, Subcommittees/Work Groups, will be updated to reflect the NHAS Subcommittee met in September 2010. "Done" means an initial meeting has occurred. Further information on each is addressed later in the work plan.
- On Work Plan, B, Work, 1, Federal Policy, a, NHAS, Mr. Vincent-Jones reported the overarching view has been to utilize it as a framework in developing the Comprehensive Care Plan (CCP) and in review of reauthorization and Health Care Reform, as well as a subject for implementation work outlined in a, 5.
- Further NHAS assessment was felt unnecessary as it had been done by others. Mr. Kochems noted federal departments would provide responses by 12/9/2010. Mr. Baker said those were unlikely to be public and any response would not be needed at least until the President's Advisory Council on HIV/AIDS (PACHA) meets 1/2011.
- Mr. Vincent-Jones asked if the work plan should reflect departmental plans once released and/or address the implementation plans in the NHAS itself. Mr. Engeran-Cordova felt JPP's role in issues was to highlight areas of

concern and forward them to, e.g., the P&P Committee or OAPP. He felt JPP should identify essential work and cut items not in JPP's jurisdiction, beyond its capability or where involvement would be unwise.

- Regarding B, 3, Local Policy, a, Corrections and HIV Policy, a work group has been formed, but has not met. Mr. Engeran-Cordova felt the group unneeded as the item could be monitored and any concerns addressed.
- Mr. Vincent-Jones noted JPP has discussed replacing reactive response with leadership on correctional issues for some time – identifying the situation in different facilities and what can be done to improve it. The meeting with the Sheriff's Department has initiated work with that facility, but others have not been assessed.
- Mr. Engeran-Cordova felt if JPP wanted to hold meetings or do a comprehensive assessment, then the activities should be scheduled and done. Keeping things unaddressed on the work plan for years indicates JPP does not consider them important enough to prioritize. Mr. Kochems said those with a passion for a subject can use a work group to bring in outside partners and develop a report based on JPP guidelines and within its jurisdiction.
- Mr. Baker felt the noted range of correctional issues unrealistic. Mr. Simon agreed, but noted State legislation in the last two years on California jails. The County and Sheriff have discussed ADAP funding issues. There are also care and prevention issues in County jails and State prisons. While the number of infections is low, they are not negligible especially in lieu of how much time JPP has spent on STDs in the Adult Film Industry. Mr. Vincent-Jones noted the OAPP-Sheriff's meeting was reviewed at JPP and no recommendations were made.
- Regarding B, 4, Budget Policy, b, State Budget, there was general agreement that the Commission has been effective in budget advocacy and that it is a key function. Mr. Baker noted it is debatable how much can be accomplished in the current budget climate. Key issues will be to keep ADAP whole and support surveillance while monitoring other areas and supporting HIV interests wherever possible.
- Mr. Vincent-Jones noted the Summary of Budget Strategy Work Group details that Dr. Roland will be asked to present the November estimates package and will be served with a FOIA if it is not forthcoming. Estimates packages are the most comprehensive review of HIV budgetary information that guide the Governor and staff in budget decisions. Mr. Fox reported Dr. Roland reviewed the May estimates package in November. The November estimates package is now available on-line, and therefore further action is unnecessary.
- Mr. Vincent-Jones noted B, 4, Budget Policy, c, County Budget, is simply to monitor and respond, if needed.
- Mr. Baker felt B, 5, Benefits Policy, and 6, Health Care Reform, are areas that have prompted discussion on ability to affect outcomes and overextension. Mr. Goodman supported focusing where the Commission can educate well.
- Mr. Vincent-Jones said the Budget Strategy Work Group planned to evaluate ADAP reform ideas, but felt the main thrust should be to sustain ADAP through 2014 when HCR will mature. He noted that Julie Cross had prepared a brief on some reform issues, which now has to be updated.
- Mr. Vincent-Jones said Dr. Roland reported OA is discussing CARE/HIPP reforms that the Commission has considered. She said Los Angeles would pilot changes, but Mr. Baker said OAPP was not informed. Mr. Goodman said Dr. Roland wanted Los Angeles to go first while he preferred the State to start and coordinate with Los Angeles. She is waiting for a guidance letter from HRSA on whether or not Ryan White funds can be used to supplement Medicaid that has been requested by several states. Mr. Vincent-Jones indicated that LA County's HRSA Project Officer had already confirmed that it is allowable.
- Regarding the Pre-existing Condition Insurance Pool (PCIP), (B,6,c), Mr. Goodman agreed there are gaps. He felt no action beyond monitoring was needed, however, as the program is temporary, undersubscribed and no changes are expected during its existence until full HCR implementation in 2014—especially given changes would require legislation. Education can be included in the HCR Policy Briefs and through the Consumer Caucus.
- Regarding B, 7, Policy Agenda, Mr. Vincent-Jones noted JPP decided not to do a full docket this year due to a lack of resources, but did review legislation and brought forward recommendations which the Commission approved.
- Mr. Baker said JPP has made great strides in identifying and prioritizing legislation, but felt going forward it was best to identify just a few pieces of legislation to emphasize. People are confused by the size of the full docket. He does a similar docket for OAPP which has shrunk from a large docket to three pages of which about three pieces of legislation are bolded.
- Mr. Kochems said the last full docket had 38 bills. JPP took positions on all and then prioritized about 10. Mr. Baker noted preparing for a full review takes a great deal of JPP member and staff time. He suggested a thumbnail sketch of each bill from which priorities are chosen. JPP would then get full information on the prioritized bills.

- Dr. Frye will talk with Maree Kay Parisi, HIV Surveillance Coordinator, and Susan Scheer, San Francisco, as well as OA, to assess eHARS guidance needs to ensure appropriate implementation and report back to Mr. Vincent-Jones on suggestions for a letter to facilitate guidance promulgation.
- Send letter to CDC supporting Ryan White funding to the jurisdiction of care. The Routine Interstate De-duplication Report (RIDR) provides the basis for the change from the jurisdiction of diagnoses.
- Advocate for more surveillance funding. HEP is currently unable to hire a Public Health Investigator or Public Health Nurse due to reductions in CDC and State funding, with an overall loss of about 20% of staff.
- Mr. Vincent-Jones will re-email Pol/Proc # 04.1202, Commission/OAPP Public Policy Relationships, intended as an addendum to the MOU, to JPP for any additional comments to be incorporated.
- Revise B, 1, Federal Policy, a, NHAS: Item 1) Convene Subcommittee, done; 2) Review NHAS, done; 3), 4) and 5) Assessment of issues and implementation plan, Mr. Vincent-Jones will bring list of issues to the January meeting to refer to appropriate committees/ bodies, e.g., counseling/testing goals pertain to P&P's TLC+; 6) Federal departmental responses, monitor/respond as needed; 7) Policy brief, delete.
- Revise B, 1, b, Prevention, Care and Treatment: 1) Ryan White Program, Congress is not addressing Ryan White Reauthorization now, so replace timeline with "reconvene as necessary," January 2012; 2) HRSA, Town Hall with City co-sponsor, January 2011; 3) CDC, a, Recommendations for Testing in Non-Clinical Settings, change Item 1) to "review as available in 2011" and delete Items 2) through 7).
- Revise B, 2, State Policy, a, OA, completed; b, HIV Surveillance Legislation, as noted above; c, State Statute, Mr. Vincent-Jones will add information into Pol/Proc #02.2102, Itemization of HIV-Related Health and Safety Codes.
- Revise B, 3, Local Policy, a, Corrections and HIV Policy, 1) OAPP report on meeting with Sheriff, done; 2) Convene Work Group to develop work plan, by March 2011; 3) Work group report to JPP, June 2011. The remainder of a and b are TBD. Mr. Kochems will coordinate with Mr. Goodman regarding work group goals.
- Maintain B, 4, Budget Policy, except revise b, State Budget, 3) Proactive Strategy for Governor's FY 2011-2012 Budget; e, Identify items and develop strategy to advocate for identified items, 3) to read, "Advocate for restoration of prevention and testing cuts, if applicable." Item 4) reflects Budget Strategy Work Group work.
- Revise B, 5, Benefits Policy, as follows: a, Medicaid (Medi-Cal), 1) Subcommittee, done; 2) 1115 Waiver, change to monitor; 3) Migration to Medi-Cal Managed Care, reduce to b, Monitor, and c, Advocate to address issues, July 2011; 4) Monitor impact of Medi-Cal cuts on HIV patients, refer to Priorities and Planning (P&P) Committee; 5) Secure Medi-Cal representation on the Commission, refer to Operations Committee.
- Change B, 5, Benefits Policy, b, Medicare, to done except that Mr. Goodman will follow-up with Bradley Land on 1) a, financial barriers to Medi-Medi patients.
- Change date for B, 5, Benefits Policy, c, SSI/Disability, to 2012.
- Replace B, 5, Benefits Policy, d, ADAP, with: 1) "Assess remaining 2009 reform proposals ideas and their feasibility, January, 2011; 2) "Advocate for full ADAP sustainability in each budget year, ongoing"; 3) Assess A Reforms to CARE/HIPP, no change, January 2011.
- Refer B, 5, Benefits Policy, e, Other State Benefits, to P&P and Consumer Caucus for monitoring and note as done.
- Revise B, 6, HCR, a, Subcommittee, Identify issues for Services for HCR Ineligible Populations Subcommittee and decide when it should convene to address them, ongoing; b, Briefs, Purchase order being obtained, January 2011; c, Correct "Temporary Major Risk Pool" to "Pre-existing Condition Insurance Pool (PCIP)" and monitor, ongoing; d, HCR Strategy, Subcommittee to define how to monitor and make recommendations including to the Board.
- B, 7, Policy Agenda, a and b, Docket and Agenda, review/revise process at the January JPP pre-meet and meeting.
- Regarding B, 7, c, Public Policy Initiatives:
 - 1) Title XXII Housing, a, list requirements contradictory to AIDS residential housing needs, collate stakeholder/OAPP lists and contact OA if conference planned, January 2011; b, Develop advocacy strategy, coordination with providers on possible conference, update timeline;
 - 2) HIV/STD Control in the Adult Film Industry, Change to "Monitor Cal-OSHA hearing, respond as needed";
 - 3) Services for Undocumented and Legal Residents change to "Services for HCR Ineligible Populations", a, Subcommittee, convene per HCR Subcommittee recommendation, 2011; b, Monitor HACLA implementation of HUD Shelter+Care policy, ongoing; c, Brief Work Group, finish drafting brief for work group, January 2011; d, Assess HCR impact, hold pending PRAC research; e, Develop strategy, hold pending PRAC research;
 - 4) Routine HIV Testing, Mr. Vincent-Jones will incorporate into Omnibus Prevention Legislation information and Mr. Fox will email Mr. Vincent-Jones a national letter to the Preventive Task Force, January 2011;

- 5) Comprehensive Sex Education, agreed to eliminate as important but not feasible to address at this time.
- ➡ B, 8, Community Collaboration, a, Communications, all items moved to 2011; b and c, Stakeholders Policy Partners and Coalition-Building, all items are ongoing and language will be massaged to reflect activity maintenance.
- ➡ Regarding B, 9, Commission Initiatives, a, Unmet Need Implementation, b, TLC+, and c, HCR Integration: JPP responsibilities are pending work by other bodies and will no longer be printed out on the work plan until the referring bodies have completed work and JPP responsibilities are delineated.
- ➡ Add key to work plan of common terms, e.g., "assess."
- ➡ Review JPP Agenda at January meeting to clarify priority and placeholder items on meeting agenda.

8. NATIONAL HIV/AIDS STRATEGY (NHAS): There was no additional discussion.

9. HEALTH CARE REFORM: There was no additional discussion.

10. PUBLIC POLICY INITIATIVES:

A. Routine HIV Testing: There was no additional discussion.

B. Title XXII Housing Regulations: There was no additional discussion.

C. HIV/STD Control in the Adult Film Industry:

- Mr. Kochems asked if a hearing was needed as Cal-OSHA is addressing the issue and such hearings are labor-intensive. Mr. Vincent-Jones said JPP decided at its last meeting to hold a hearing on local response barring Cal-OSHA action.
- Mr. Engeran-Cordova reported the issue has been before the Board. There are conflicting conversations within the County on action. Both the Department of Public Health, which has jurisdiction, and the City are discussing actions. He felt the Commission could impact this local issue with a hearing to support action or recommendations.
- ➡ Mr. Engeran-Cordova will email JPP information on the Cal-OSHA hearing on Treasure Island, a Northern California company, which was recently fined \$20,000 by Cal-OSHA and does particularly unsafe work, e.g., hiring openly HIV+ performers for films that intend infection of an HIV- performer.

D. Services for Undocumented/Legal Residents: There was no additional discussion.

11. BENEFITS POLICY: There was no additional discussion.

12. STATE POLICY: There was no additional discussion.

13. LOCAL POLICY: There was no additional discussion.

14. BUDGET POLICY: There was no additional discussion.

15. POLICIES AND PROCEDURES: There was no additional discussion.

16. COMMUNITY COLLABORATIONS: There was no additional discussion.

17. COMMITTEE OPERATIONS: This item was postponed.

18. WORK PLAN REVIEW: This item was postponed.

19. ANNOUNCEMENTS: There were no announcements.

20. ADJOURNMENT: The meeting adjourned at 12:05 pm.